

APPLICATION FOR TEMPORARY LICENSE - DENTAL EXAMINERS
www.hawaii.gov/dcca/pvl

INSTRUCTIONS

- 1. Complete this application in dark ink. Sign and date application.
- 2. ATTACH a letter of appointment prepared by your prospective employer giving specific employment dates.
- 3. Mail or deliver to: Board of Dental Examiners
Commerce & Consumer Affairs, PVL
335 Merchant Street, Room 301, P. O. Box 3469
Honolulu, Hawaii 96801
Phone: (808) 586-3000

Name (First-Middle-LAST)		Type of License (circle one): DENTIST DENTAL HYGIENIST
Mailing Address (Include Suite No., City, State and Zip Code)		Name and Address of Prospective Employer
Social Security No.	Phone (days):	
Affidavit: I hereby certify that the information provided and the documents attached are true and correct to the best of my knowledge and belief. <div>Signature</div> <div>Date</div>		

FOR BOARD USE		
Temporary License Effective:	Expiration:	License No:
Mailed:		